



## Law and disorders: illness/disability and the response to everyday problems involving the law

### Final paper

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**Abstract:** *The Legal Australia-Wide (LAW) Survey has demonstrated a strong relationship between the prevalence of legal problems and long-term illness/disability, with elevated levels for all types of illness/disability and particularly for mental illness. This paper draws on the LAW Survey data to explore how people with different types of illness/disability respond to the legal problems they face. The findings indicate that such people take action to resolve legal problems and seek formal legal and non-legal help at similar or higher rates than others. Given that people with a disability can face obstacles in accessing legal services, the findings may reflect greater need for help in dealing with legal problems or greater access to support services, which may afford more opportunity for referral.*

This paper presents **new findings** from the Legal-Australia Wide (LAW) Survey. The first major findings for Australia as a whole were published in **Legal Australia-Wide Survey: legal need in Australia** by Christine Coumarelos, Deborah Macourt, Julie People, Hugh M. McDonald, Zhigang Wei, Reiny Iriana and Stephanie Ramsey (Law and Justice Foundation of NSW, 2012).

#### About the LAW Survey

The LAW Survey provides a comprehensive assessment of a broad range of legal needs on a representative sample of the population. It covered 129 different types of civil, criminal and family law problems. It examined the nature of legal problems, the pathways to their resolution and the demographic groups that struggle with the weight of their legal problems. With 20,716 respondents across Australia, including over 2000 in each state/territory, the LAW Survey allows for in-depth analysis at both the state/territory and national level. The major findings were published in a series of nine reports, with a report on Australia as a whole and each state/territory. The nine LAW Survey reports are available at [www.lawfoundation.net.au/publications](http://www.lawfoundation.net.au/publications)

#### Introduction

A recent study by Coumarelos, Pleasence and Wei (2013) based on the Legal Australia-Wide (LAW) Survey confirms a strong relationship between illness/disability<sup>i</sup> and the increased experience of legal problems.<sup>ii</sup> Compared to people with no illness/disability, those with combined mental and physical illness/disability of high severity were more than 10 times as likely to report legal problems and reporting levels were consistently higher across illness/disability types.

Furthermore, those who have an illness/disability that limits capability to resolve legal problems also face an increased need for help to deal with these problems. Thus, illness/disability potentially acts to inflate demand for advice services in two ways.

Not only do people with an illness/disability have high legal and health needs, but it is well documented that they can face a range of obstacles in accessing services. Extensive literature in the health field highlights the particular physical, communication, attitudinal and system-level barriers faced by those with an illness/disability (e.g. World Health Organisation 2011). Allerton and Emerson (2012) found that impaired groups in the United Kingdom were significantly more likely to report difficulties securing appointments, difficulties with transport and the physical environment of service locations, anxiety or lack of confidence in seeking help,

communication problems and problems with inexperienced or unhelpful staff. The extent and type of barriers faced varied by impairment type. Adults with impairments in cognition, communication and mental health ‘appeared to be particularly disadvantaged’ (Allerton & Emerson 2012, p.924).

In the legal field, a few studies have examined the barriers faced by people with a mental illness in accessing legal services, but there is little research on the barriers to legal services encountered by people with physical types of illness/disability. In keeping with the findings regarding health services, a qualitative research study by the Law and Justice Foundation of New South Wales (NSW) found that ‘people with a mental illness experience both individual and systemic barriers to accessing legal services’ (Karras, McCarron, Gray & Ardasinski 2006, p.93). Respondents to that research indicated that ‘people with a mental illness can become overwhelmed by their legal issues, and that as a result, they may avoid addressing them and accessing legal assistance’ (p.97). It was also suggested that they can be ‘mistrustful of [advisers] or ... frightened of divulging personal information’ (p.98), thus exacerbating other communication and capability problems. Day, Collard and Hay (2008) have also noted that depression, agoraphobia and panic attacks can make even a short journey to an advice centre problematic.

Nevertheless, initial findings from the LAW Survey indicated that illness/disability is associated with increased levels of taking action and seeking advice to resolve legal problems (Coumarelos, Macourt, People, McDonald, Wei, Iriana & Ramsey 2012). Presumably these findings reflect an increased propensity to seek help (perhaps linked to the increased need for help on the part of those who have an illness/disability that limits capability to resolve legal problems)<sup>iii</sup> and/or system-level differences in the provision of services to ill/disabled people.<sup>iv</sup> Similarly, in the United Kingdom, Balmer, Pleasence and Buck (2010) found that mental illness was associated with increased advice seeking about legal problems; although rates of action to solve problems and use of self-help strategies decreased as mental health deteriorated.

Turning to mode of communication with advisers, Karras et al.’s (2006, p.103) study suggested that people with a mental illness ‘often have difficulties communicating with lawyers over the phone, and prefer face-to-face communication.’ This result accords with large-scale evaluation findings that people less able to communicate effectively can be unsuited to telephone advice (e.g. Hobson & Jones 2003; Pearson & Davis 2002).

## New findings from the LAW Survey

In this short paper we set out new findings from the LAW Survey, detailing how people with different forms of illness/disability respond to legal problems.

### Taking action and seeking advice for legal problems

In raw numerical terms, LAW Survey respondents with an illness/disability took action to deal with legal problems more frequently than other respondents (82.9% versus 79.2%). When taking action, they also sought informal advice<sup>v</sup> (35.6% versus 31.6%), sought formal advice<sup>vi</sup> (69.5% versus 62.4%) and sought advice from lawyers<sup>vii</sup> (22.3% versus 17.9%) more often than others. However, the sociodemographic profile of respondents with an illness/disability was distinct from those of others. They were more likely to be female and older and more likely to be disadvantaged according to several indicators.<sup>viii</sup> The nature of the legal problems that LAW respondents with an illness/disability faced was also distinct (see Coumarelos et al. 2012). We therefore undertook a series of regression analyses to explore the relationship of illness/disability to the strategies<sup>ix</sup> used in response to legal problems, while accounting for the following variables: gender, age, education, family structure, main language, awareness of legal services, income, geographical location, problem type and problem impact.<sup>x</sup> These variables have all been linked to people’s responses to legal problems by past research (Balmer et al. 2010; Coumarelos et al. 2012; Genn 1999; Ignite Research 2006; Kritzer 2008; Maxwell, Smith, Shepherd & Morris 1999; Pleasence 2006; van Velthoven & ter Voert 2004). By including these variables as predictors in the models, the models examined whether illness/disability was related to the strategies used in response to legal problems independently of (or over and above) the effects of demographic characteristics, relative disadvantage and the types of legal problems experienced.

The regression analyses on taking action indicated no significant difference in the likelihood of taking action between those with a mental illness/disability and no illness/disability (see Tables 1–3). However, there was evidence of a significant but modest increase in the likelihood (18%) of taking action for those with a physical illness/disability (as compared to those with no illness/disability; see Table 1).<sup>xi</sup> When looking at the likelihood of those who took action going on to seek formal advice, those with combined mental and physical illness/disability were more likely to seek formal advice from a non-legal adviser than handle the problem without advice (see Table 4), as were those with low severity illness/disability (see Table 5).<sup>xii</sup> Beyond these findings, there was little evidence that illness/disability status is a key predictor of people’s problem resolution strategies.

However, the regression results suggested that the type of legal problem, the impact of the problem and a number of demographic factors were important predictors of the types of strategies used. For example, respondents were more likely to take action and to seek advice from a legal or non-legal professional if the legal problem was severe. Furthermore, single parents, respondents who had a non-English or Indigenous main language and respondents who received means-tested government payments were less likely to take action and to seek advice from a legal or non-legal professional. (See Tables 1 and 4 for further details.)

### Mode of communication when seeking advice for legal problems

The LAW Survey examined modes of communication used with the main adviser for each legal problem.<sup>xiii</sup> Respondents with an illness/disability were less likely to use the telephone, in raw numerical terms, when compared to others (59.0% versus 62.0%) and more likely to consult advisers in person (66.6% versus 58.1%). In person advice was most common for those with multiple types of illness/disability (70.3%), though elevated levels of in person advice were also observed for those with a mental illness/disability (69.8%).

Again, to control for influences other than illness/disability on mode of communication we conducted a series of regression analyses.<sup>xiv</sup> The regression analyses indicated that those with a mental illness/disability only were more likely to rely solely on obtaining advice in person (see Tables 6 and 7). No other significant differences in modes of communication were observed based on type or severity of illness/disability.

### Conclusion

While there are clearly obstacles to accessing legal services faced by those with an illness/disability (e.g. Allerton & Emerson 2012; Karras et al. 2006), findings from the LAW Survey indicate that such people take action to resolve problems and seek formal help at similar or higher rates than others. The documented existence of obstacles to legal help would therefore seem to be concealed by a greater propensity among those with an illness/disability to obtain help and/or system-level differences in the provision of services to those who are ill/disabled. Evidently, many people with an illness/disability have a greater need for help when facing problems. Also, apparently, there exists a broad range of support services for those with an illness/disability, which may afford more opportunity for signposting and referral. There are also legal services that are directly targeted towards those with particular types of illness/disability, specialise in areas of law that specifically concern those with an illness/disability, or have a particular interest in helping those with an illness/disability, such as, for example,

the Legal Aid NSW Mental Health Advocacy Service, the Disability Discrimination Legal Service and the NSW Cancer Council Legal Referral Service.<sup>xv</sup>

The finding that those with a mental illness/disability only were more likely than people with no illness/disability to rely solely on in person communication with their main adviser provides some support for past findings that they prefer face-to-face communication and advice. It suggests the potential utility of integrated service delivery models for people with a mental illness that facilitate face-to-face legal advice and assistance, such as models where a lawyer is present on-site at a mental health facility. However, our findings around mode of communication were far from conclusive. In part, this may be because mode of communication data related only to the main or most useful advisers, and helpfulness was associated with mode of communication. Again, it may also be because of system-level differences in the provision of services to those who are ill/disabled. Also, it may be the case that the LAW Survey data are, in general, not sufficiently detailed to effectively draw out perhaps subtle differences in behaviour on the basis of illness/disability status.

Nevertheless, taken together, the present paper and the paper by Coumarelos et al. (2013) demonstrate the particular vulnerability to legal problems of people who have an illness/disability and the value of legal services (including integrated health and legal services) that are designed to facilitate access for such people.

### References

- Allerton, L & Emerson, E 2012, 'British adults with chronic health conditions or impairments face significant barriers to accessing health services', *Public Health*, vol. 126, pp. 920–927.
- Andersen, R & Newman JF 1973, 'Societal and individual determinants of medical care utilization in the United States', *The Milbank Fund Quarterly: Health and Society*, vol. 51, no. 1, pp. 95–124.
- Balmer, NJ, Buck, A, Patel, A, Denvir, C & Pleasence, P 2010, *Knowledge, capacity and the experience of rights problems*, PLEnet, London.
- Balmer, NJ, Pleasence, P & Buck, A 2010 'Psychiatric morbidity and people's experience of and response to social problems involving rights', *Health and Social Care in the Community*, vol. 18, no. 6, pp. 588–597.
- Boyes, A & Zucca, A 2012, *Evaluation of Cancer Council Legal Referral Service*, University of Newcastle, Newcastle.
- Coumarelos, C, Macourt, D, People, J, McDonald, HM, Wei, Z, Iriana, R & Ramsey, S 2012, *Legal Australia-Wide Survey: legal need in Australia*, Law and Justice Foundation of NSW, Sydney.
- Coumarelos, C, Pleasence, P, & Wei, Z 2013, 'Law and disorders – illness/disability and the experience of everyday problems involving law', *Justice Issues*, no. 17, Law and Justice Foundation of NSW, Sydney.
- Day, L, Collard, S & Hay, C 2008, *Money advice outreach evaluation: qualitative outcomes for clients*, Legal Services Research Centre, London.

- Genn, H 1999, *Paths to justice: what people do and think about going to law*, Hart, Oxford.
- Hobson, J & Jones, P 2003, *Methods of delivery: Telephone Advice Pilot: Evaluation Report*, Legal Services Commission, London.
- Ignite Research 2006, *Report on the 2006 National Survey of Unmet Legal Needs and Access to Services*, Legal Services Agency, Wellington.
- Karras, M, McCarron, E, Gray, A & Ardasinski, S 2006, *On the edge of justice: the legal needs of people with a mental illness in NSW*, Law and Justice Foundation of NSW, Sydney.
- Kritzer, HM 2008, 'To lawyer or not to lawyer? Is that the question?', *Journal of Empirical Legal Studies*, vol. 5, no. 4, pp. 875–906.
- Lawton, E, Sandel, M, Morton, S, Ta, L, Kenyon, C & Zuckerman, B 2011, 'Medical-legal partnership: a new standard of care for vulnerable populations', In E Tobin Tyler, E Lawton, K Conroy, M Sandel & B Zuckerman (eds), *Poverty, health and law*, Carolina Academic Press, Durham, North Carolina.
- Maxwell, GM, Smith, C, Shepherd, PJ & Morris, A 1999, *Meeting legal service needs*, Institute of Criminology, Victoria University of Wellington, Wellington.
- Noble, P 2012, *Advocacy-health alliances: better health through medical-legal partnership*, Advocacy and Rights Centre, Bendigo, Australia.
- Pearson, J & Davis, L 2002, *The Hotline Outcomes Assessment Study: final report phase III: full scale telephone survey*, Denver: Center for Policy Research.
- Pleasence, P 2006, *Causes of action: civil law and social justice*, 2nd edn, Stationery Office, Norwich.
- Rao, JNK & Scott, AJ 1984, 'On chi-squared tests for multiway contingency tables with cell properties estimated from survey data', *Annals of Statistics*, vol. 12, pp. 46–60.
- van Velthoven, BCJ & ter Voert, M 2004, *Paths to justice in the Netherlands: looking for signs of social exclusion*, Department of Economics research memorandum, no. 2004.04, Faculty of Law, Leiden University, Leiden.
- World Health Organisation 2011, *World report on disability*, World Health Organisation, Geneva.

## Appendix: statistical tables

Table A1: Regression results — taking any action (cf. taking no action) including illness/disability type variable with four categories

Variable	Category	$\beta$	SE	Wald	p	Odds ratio	Lower	Upper
<b>Illness/disability type</b> (cf. None)	Mental only	0.109	0.091	1.20	0.231	1.12	0.93	1.33
	Physical only	<b>0.169</b>	<b>0.065</b>	<b>2.60</b>	<b>0.009</b>	<b>1.18</b>	<b>1.04</b>	<b>1.35</b>
	Both mental & physical	0.176	0.113	1.56	0.119	1.19	0.96	1.49
<b>Gender</b> (cf. Male)	Female	<b>0.308</b>	<b>0.038</b>	<b>8.11</b>	<b>0.000</b>	<b>1.36</b>	<b>1.26</b>	<b>1.47</b>
<b>Age</b> (cf. 65+)	15–17	0.213	0.128	1.66	0.096	1.24	0.96	1.59
	18–24	0.078	0.087	0.90	0.370	1.08	0.91	1.28
	25–34	0.018	0.115	0.16	0.876	1.02	0.81	1.28
	35–44	0.000	0.101	0.00	1.000	1.00	0.82	1.22
	45–54	-0.023	0.102	-0.23	0.822	0.98	0.80	1.19
	55–64	-0.118	0.097	-1.22	0.224	0.89	0.73	1.07
<b>Education</b> (cf. Post-school)	<Year 12	<b>-0.343</b>	<b>0.052</b>	<b>-6.60</b>	<b>0.000</b>	<b>0.71</b>	<b>0.64</b>	<b>0.79</b>
	Year 12	-0.083	0.047	-1.77	0.077	0.92	0.84	1.01
<b>Family type</b> (cf. Married, children)	Single, no children	<b>-0.183</b>	<b>0.079</b>	<b>-2.32</b>	<b>0.021</b>	<b>0.83</b>	<b>0.71</b>	<b>0.97</b>
	Cohabitee, no children	-0.005	0.053	-0.09	0.925	1.00	0.90	1.10
	Married, no children	-0.011	0.089	-0.12	0.902	0.99	0.83	1.18
	Single, children	-0.084	0.066	-1.27	0.203	0.92	0.81	1.05
	Cohabitee, children	<b>-0.235</b>	<b>0.096</b>	<b>-2.45</b>	<b>0.014</b>	<b>0.79</b>	<b>0.65</b>	<b>0.95</b>
<b>Main language/ Indigenous status<sup>a</sup></b> (cf. English)	Non-English interview	<b>-1.649</b>	<b>0.244</b>	<b>-6.76</b>	<b>0.000</b>	<b>0.19</b>	<b>0.12</b>	<b>0.31</b>
	Language not English/Indigenous	<b>-0.250</b>	<b>0.055</b>	<b>-4.55</b>	<b>0.000</b>	<b>0.78</b>	<b>0.70</b>	<b>0.87</b>
	Indigenous	-0.249	0.176	-1.41	0.157	0.78	0.55	1.10
<b>Personal income<sup>b</sup></b> (cf. \$67 600+)	Government payments	<b>-0.362</b>	<b>0.083</b>	<b>-4.36</b>	<b>0.000</b>	<b>0.70</b>	<b>0.59</b>	<b>0.82</b>
	Other up to \$12 999 pa	-0.289	0.164	-1.76	0.078	0.75	0.54	1.03
	\$13 000 to \$31 199 pa	-0.185	0.130	-1.42	0.155	0.83	0.64	1.07
	\$31 200 to \$51 999 pa	<b>-0.189</b>	<b>0.052</b>	<b>-3.63</b>	<b>0.000</b>	<b>0.83</b>	<b>0.75</b>	<b>0.92</b>
	\$52 000 to \$67 599 pa	-0.130	0.088	-1.48	0.140	0.88	0.74	1.04
<b>Remoteness</b> (cf. Major city)	Inner regional	<b>0.147</b>	<b>0.061</b>	<b>2.41</b>	<b>0.016</b>	<b>1.16</b>	<b>1.03</b>	<b>1.31</b>
	Outer regional	-0.020	0.072	-0.28	0.781	0.98	0.85	1.13
	Remote	-0.100	0.061	-1.64	0.101	0.90	0.80	1.02
	Very remote	-0.087	0.118	-0.74	0.461	0.92	0.73	1.16
<b>Awareness</b> (cf. Aware)	Not aware	<b>-0.165</b>	<b>0.047</b>	<b>-3.51</b>	<b>0.000</b>	<b>0.85</b>	<b>0.77</b>	<b>0.93</b>
<b>Problem impact<sup>c</sup></b>		<b>0.385</b>	<b>0.015</b>	<b>25.67</b>	<b>0.000</b>	<b>1.47</b>	<b>1.43</b>	<b>1.51</b>
<b>Problem type</b> (cf. Accidents)	Consumer	<b>0.167</b>	<b>0.075</b>	<b>2.23</b>	<b>0.026</b>	<b>1.18</b>	<b>1.02</b>	<b>1.37</b>
	Credit/debt	<b>-0.303</b>	<b>0.096</b>	<b>-3.16</b>	<b>0.002</b>	<b>0.74</b>	<b>0.61</b>	<b>0.89</b>
	Crime	<b>-0.460</b>	<b>0.073</b>	<b>-6.30</b>	<b>0.000</b>	<b>0.63</b>	<b>0.55</b>	<b>0.73</b>
	Employment	0.161	0.106	1.52	0.129	1.17	0.95	1.45
	Family	<b>0.384</b>	<b>0.124</b>	<b>3.10</b>	<b>0.002</b>	<b>1.47</b>	<b>1.15</b>	<b>1.87</b>
	Government	<b>0.314</b>	<b>0.078</b>	<b>4.03</b>	<b>0.000</b>	<b>1.37</b>	<b>1.17</b>	<b>1.60</b>
	Health	<b>-0.510</b>	<b>0.164</b>	<b>-3.11</b>	<b>0.002</b>	<b>0.60</b>	<b>0.44</b>	<b>0.83</b>
	Housing	<b>0.454</b>	<b>0.058</b>	<b>7.83</b>	<b>0.000</b>	<b>1.57</b>	<b>1.41</b>	<b>1.76</b>
	Money	<b>0.798</b>	<b>0.134</b>	<b>5.96</b>	<b>0.000</b>	<b>2.22</b>	<b>1.71</b>	<b>2.89</b>
	Personal injury	<b>-0.220</b>	<b>0.077</b>	<b>-2.86</b>	<b>0.004</b>	<b>0.80</b>	<b>0.69</b>	<b>0.93</b>
	Rights	<b>-0.332</b>	<b>0.095</b>	<b>-3.49</b>	<b>0.000</b>	<b>0.72</b>	<b>0.60</b>	<b>0.86</b>
<b>Constant</b>		<b>1.901</b>	<b>0.161</b>	<b>11.81</b>	<b>0.000</b>	<b>6.69</b>	<b>4.88</b>	<b>9.18</b>

a This variable combined information on main language spoken at home and self-identification of Indigenous status. Non-English interviews were conducted for people with poor English proficiency whose main language was one of the six most common non-Indigenous languages (i.e. Italian, Greek, Cantonese, Mandarin, Arabic or Vietnamese). The 'language not English/Indigenous' category denotes non-English, non-Indigenous main language. The 'Indigenous' category denotes either self-identification as Indigenous or Indigenous main language or both.

b This variable combined information on government payments and income. The 'government payments' category denotes means-tested government payments. The 'other up to \$12 999 pa' category refers to income derived from sources other than government payments.

c This variable was a continuous variable measuring the severity of the problem by combining its overall impact on everyday life and the number of adverse consequences it caused.

Note: N=17 442 problems. Significant findings are presented in bold. A significant (i.e. bolded) odds ratio (OR)>1.0 indicates that the category in question had significantly higher odds of taking action than the comparison category. A significant OR<1.0 indicates that the category in question had significantly lower odds than the comparison category. The size of the OR indicates the strength of the relationship. E.g. OR=2.0 means that the odds for the category in question were twice those for the comparison category. For the continuous variable (i.e. problem impact), the OR represents changes in odds per unit of measurement.

Table A2: Regression results — taking any action (cf. taking no action) including illness/disability type variable with nine categories (and other variables as in Table 1)

Variable	Category	$\beta$	SE	Wald	p	Odds ratio	Lower	Upper
<b>Illness/disability type (cf. None)</b>	Mental only	0.104	0.092	1.13	0.258	1.11	0.93	1.33
	Sensory only	0.310	0.602	0.51	0.607	1.36	0.42	4.44
	Intellectual/neurological only	-0.204	0.148	-1.38	0.168	0.82	0.61	1.09
	Circulatory only	0.479	0.266	1.80	0.072	1.61	0.96	2.72
	Respiratory only	<b>0.570</b>	<b>0.154</b>	<b>3.70</b>	<b>0.000</b>	<b>1.77</b>	<b>1.31</b>	<b>2.39</b>
	Mobility only	0.146	0.093	1.57	0.116	1.16	0.96	1.39
	Other only	0.153	0.091	1.68	0.093	1.17	0.97	1.39
	Multiple	0.159	0.107	1.49	0.137	1.17	0.95	1.45

Note: N=17 439 problems. Significant findings are presented in bold. A significant (i.e. bolded) odds ratio (OR)>1.0 indicates that the category in question had significantly higher odds of taking action than the comparison category. A significant OR<1.0 indicates that the category in question had significantly lower odds than the comparison category. The size of the OR indicates the strength of the relationship. E.g. OR=2.0 means that the odds for the category in question were twice those for the comparison category.

Table A3: Regression results — taking any action (cf. taking no action) including illness/disability type and severity variable with 10 categories (and other variables as in Table 1)

Variable	Category	$\beta$	SE	Wald	p	Odds ratio	Lower	Upper
<b>Illness/disability type and severity (cf. None)</b>	Mental–low	0.165	0.114	1.45	0.148	1.18	0.94	1.47
	Physical–low	0.146	0.075	1.95	0.052	1.16	1.00	1.34
	Both–low	<b>0.402</b>	<b>0.172</b>	<b>2.34</b>	<b>0.019</b>	<b>1.49</b>	<b>1.07</b>	<b>2.09</b>
	Mental–moderate	0.078	0.166	0.47	0.638	1.08	0.78	1.50
	Physical–moderate	<b>0.258</b>	<b>0.101</b>	<b>2.55</b>	<b>0.011</b>	<b>1.29</b>	<b>1.06</b>	<b>1.58</b>
	Both–moderate	0.058	0.149	0.39	0.697	1.06	0.79	1.42
	Mental–high	0.007	0.213	0.03	0.974	1.01	0.66	1.53
	Physical–high	0.122	0.142	0.86	0.390	1.13	0.86	1.49
	Both–high	0.102	0.239	0.43	0.670	1.11	0.69	1.77

Note: N=17 416 problems. Significant findings are presented in bold. A significant (i.e. bolded) odds ratio (OR)>1.0 indicates that the category in question had significantly higher odds of taking action than the comparison category. A significant OR<1.0 indicates that the category in question had significantly lower odds than the comparison category. The size of the OR indicates the strength of the relationship. E.g. OR=2.0 means that the odds for the category in question were twice those for the comparison category.

Table A4: Regression results – seeking formal advice (cf. handling without advice) including illness/disability type variable with four categories

Variable	Category	Non-legal adviser only				Legal adviser			
		$\beta$	SE	p	Odds ratio	$\beta$	SE	p	Odds ratio
Illness/disability type (cf. None)	Mental only	0.125	0.086	0.146	1.13	-0.050	0.097	0.606	0.95
	Physical only	0.072	0.054	0.182	1.07	0.038	0.062	0.540	1.04
	Both mental & physical	<b>0.339</b>	<b>0.107</b>	<b>0.002</b>	<b>1.40</b>	0.193	0.117	0.099	1.21
Gender (cf. Male)	Female	<b>0.215</b>	<b>0.040</b>	<b>0.000</b>	<b>1.24</b>	0.002	0.048	0.967	1.00
Age (cf. 65+)	15–17	<b>-1.095</b>	<b>0.140</b>	<b>0.000</b>	<b>0.33</b>	<b>-1.130</b>	<b>0.196</b>	<b>0.000</b>	<b>0.32</b>
	18–24	<b>-0.809</b>	<b>0.097</b>	<b>0.000</b>	<b>0.45</b>	<b>-0.794</b>	<b>0.123</b>	<b>0.000</b>	<b>0.45</b>
	25–34	<b>-0.547</b>	<b>0.091</b>	<b>0.000</b>	<b>0.58</b>	<b>-0.465</b>	<b>0.110</b>	<b>0.000</b>	<b>0.63</b>
	35–44	<b>-0.329</b>	<b>0.092</b>	<b>0.000</b>	<b>0.72</b>	<b>-0.271</b>	<b>0.111</b>	<b>0.015</b>	<b>0.76</b>
	45–54	<b>-0.284</b>	<b>0.089</b>	<b>0.001</b>	<b>0.75</b>	<b>-0.270</b>	<b>0.108</b>	<b>0.012</b>	<b>0.76</b>
	55–64	-0.074	0.091	0.416	0.93	-0.019	0.110	0.863	0.98
Education (cf. Post-school)	<Year 12	-0.030	0.050	0.549	0.97	0.016	0.058	0.783	1.02
	Year 12	<b>-0.104</b>	<b>0.053</b>	<b>0.050</b>	<b>0.90</b>	-0.047	0.064	0.463	0.95
Family type (cf. Married, children)	Single, no children	<b>-0.243</b>	<b>0.059</b>	<b>0.000</b>	<b>0.78</b>	<b>-0.242</b>	<b>0.070</b>	<b>0.001</b>	<b>0.79</b>
	Cohabitee, no children	-0.149	0.082	0.069	0.86	-0.003	0.097	0.975	1.00
	Married, no children	<b>-0.241</b>	<b>0.067</b>	<b>0.000</b>	<b>0.79</b>	<b>-0.235</b>	<b>0.081</b>	<b>0.004</b>	<b>0.79</b>
	Single, children	-0.143	0.080	0.074	0.87	-0.045	0.090	0.617	0.96
	Cohabitee, children	0.015	0.090	0.868	1.02	0.046	0.103	0.655	1.05
Main language/ Indigenous status <sup>a</sup> (cf. English)	Non-English interview	<b>-1.261</b>	<b>0.243</b>	<b>0.000</b>	<b>0.28</b>	<b>-1.092</b>	<b>0.294</b>	<b>0.000</b>	<b>0.34</b>
	Language not English/Indigenous	<b>-0.177</b>	<b>0.055</b>	<b>0.001</b>	<b>0.84</b>	<b>-0.150</b>	<b>0.067</b>	<b>0.025</b>	<b>0.86</b>
	Indigenous	<b>-0.464</b>	<b>0.104</b>	<b>0.000</b>	<b>0.63</b>	<b>-0.254</b>	<b>0.118</b>	<b>0.031</b>	<b>0.78</b>
Personal income <sup>b</sup> (cf. \$67 600+)	Government payments	<b>-0.258</b>	<b>0.065</b>	<b>0.000</b>	<b>0.77</b>	<b>-0.375</b>	<b>0.075</b>	<b>0.000</b>	<b>0.69</b>
	Other up to \$12 999 pa	<b>-0.195</b>	<b>0.083</b>	<b>0.019</b>	<b>0.82</b>	<b>-0.314</b>	<b>0.102</b>	<b>0.002</b>	<b>0.73</b>
	\$13 000 to \$31 199 pa	<b>-0.177</b>	<b>0.074</b>	<b>0.017</b>	<b>0.84</b>	<b>-0.203</b>	<b>0.087</b>	<b>0.020</b>	<b>0.82</b>
	\$31 200 to \$51 999 pa	<b>-0.174</b>	<b>0.062</b>	<b>0.005</b>	<b>0.84</b>	<b>-0.555</b>	<b>0.075</b>	<b>0.000</b>	<b>0.57</b>
	\$52 000 to \$67 599 pa	-0.055	0.069	0.425	0.95	<b>-0.188</b>	<b>0.082</b>	<b>0.022</b>	<b>0.83</b>
Remoteness (cf. Major city)	Inner regional	-0.063	0.051	0.217	0.94	0.085	0.060	0.157	1.09
	Outer regional	0.096	0.052	0.065	1.10	<b>0.167</b>	<b>0.061</b>	<b>0.006</b>	<b>1.18</b>
	Remote	0.133	0.102	0.192	1.14	0.095	0.124	0.444	1.10
	Very remote	0.086	0.128	0.502	1.09	<b>-0.675</b>	<b>0.170</b>	<b>0.000</b>	<b>0.51</b>
Awareness (cf. Aware)	Not aware	-0.039	0.042	0.353	0.96	<b>-0.635</b>	<b>0.054</b>	<b>0.000</b>	<b>0.53</b>
Problem impact <sup>c</sup>		<b>0.240</b>	<b>0.012</b>	<b>0.000</b>	<b>1.27</b>	<b>0.564</b>	<b>0.014</b>	<b>0.000</b>	<b>1.76</b>
Problem type (cf. Accidents)	Consumer	<b>-2.695</b>	<b>0.093</b>	<b>0.000</b>	<b>0.07</b>	<b>-1.848</b>	<b>0.163</b>	<b>0.000</b>	<b>0.16</b>
	Credit/debt	<b>-2.158</b>	<b>0.119</b>	<b>0.000</b>	<b>0.12</b>	<b>-0.592</b>	<b>0.176</b>	<b>0.001</b>	<b>0.55</b>
	Crime	0.178	0.097	0.066	1.19	<b>0.629</b>	<b>0.158</b>	<b>0.000</b>	<b>1.88</b>
	Employment	<b>-0.904</b>	<b>0.109</b>	<b>0.000</b>	<b>0.40</b>	<b>-0.424</b>	<b>0.172</b>	<b>0.014</b>	<b>0.65</b>
	Family	<b>-1.606</b>	<b>0.119</b>	<b>0.000</b>	<b>0.20</b>	<b>0.814</b>	<b>0.167</b>	<b>0.000</b>	<b>2.26</b>
	Government	<b>-1.742</b>	<b>0.100</b>	<b>0.000</b>	<b>0.18</b>	<b>-0.667</b>	<b>0.164</b>	<b>0.000</b>	<b>0.51</b>
	Health	<b>-0.703</b>	<b>0.143</b>	<b>0.000</b>	<b>0.50</b>	<b>-0.738</b>	<b>0.211</b>	<b>0.000</b>	<b>0.48</b>
	Housing	<b>-1.467</b>	<b>0.097</b>	<b>0.000</b>	<b>0.23</b>	-0.104	0.159	0.513	0.90
	Money	<b>-1.514</b>	<b>0.115</b>	<b>0.000</b>	<b>0.22</b>	<b>0.900</b>	<b>0.165</b>	<b>0.000</b>	<b>2.46</b>
	Personal injury	<b>0.632</b>	<b>0.117</b>	<b>0.000</b>	<b>1.88</b>	<b>1.261</b>	<b>0.171</b>	<b>0.000</b>	<b>3.53</b>
	Rights	<b>-0.828</b>	<b>0.116</b>	<b>0.000</b>	<b>0.44</b>	-0.262	0.180	0.146	0.77
Constant		<b>2.315</b>	<b>0.132</b>	<b>0.000</b>	<b>10.12</b>	<b>0.416</b>	<b>0.190</b>	<b>0.029</b>	<b>1.52</b>

<sup>a</sup> This variable combined information on main language spoken at home and self-identification of Indigenous status. Non-English interviews were conducted for people with poor English proficiency whose main language was one of the six most common non-Indigenous languages (i.e. Italian, Greek, Cantonese, Mandarin, Arabic or Vietnamese). The 'language not English/Indigenous' category denotes non-English, non-Indigenous main language. The 'Indigenous' category denotes either self-identification as Indigenous or Indigenous main language or both.

<sup>b</sup> This variable combined information on government payments and income. The 'government payments' category denotes means-tested government payments. The 'other up to \$12 999 pa' category refers to income derived from sources other than government payments.

<sup>c</sup> This variable was a continuous variable measuring the severity of the problem by combining its overall impact on everyday life and the number of adverse consequences it caused.

**Note:** N=14 076 problems. Significant findings are presented in bold. A significant (i.e. bolded) odds ratio (OR)>1.0 indicates that the category in question had significantly higher odds of taking action than the comparison category. A significant OR<1.0 indicates that the category in question had significantly lower odds than the comparison category. The size of the OR indicates the strength of the relationship. E.g. OR=2.0 means that the odds for the category in question were twice those for the comparison category. For the continuous variable (i.e. problem impact), ORs represent changes in odds per unit of measurement.

Table A5: Regression results — seeking formal advice (cf. handling without advice) including illness/disability severity variable with four categories (and other variables as in Table 4)

Variable	Category	Non-legal adviser only				Legal adviser			
		$\beta$	SE	p	Odds ratio	$\beta$	SE	p	Odds ratio
Illness/disability severity (cf. None)	Low	<b>0.155</b>	<b>0.061</b>	<b>0.011</b>	<b>1.17</b>	0.014	0.073	0.848	1.01
	Moderate	0.076	0.072	0.291	1.08	0.029	0.081	0.720	1.03
	High	0.068	0.084	0.418	1.07	0.093	0.091	0.307	1.10

**Note:** N=14 058 problems. Significant findings are presented in bold. A significant (i.e. bolded) odds ratio (OR)>1.0 indicates that the category in question had significantly higher odds of taking action than the comparison category. A significant OR<1.0 indicates that the category in question had significantly lower odds than the comparison category. The size of the OR indicates the strength of the relationship. E.g. OR=2.0 means that the odds for the category in question were twice those for the comparison category.

Table A6: Regression results – mode of communication (cf. remote communication only) including illness/disability type variable with four categories

Variable	Category	Face-to-face only				Face-to-face and remote			
		$\beta$	SE	p	Odds ratio	$\beta$	SE	p	Odds ratio
Illness/disability type (cf. None)	Mental only	<b>0.260</b>	<b>0.106</b>	<b>0.014</b>	<b>1.30</b>	0.182	0.106	0.086	1.20
	Physical only	-0.041	0.070	0.558	0.96	0.001	0.069	0.988	1.00
	Both mental & physical	0.105	0.133	0.430	1.11	-0.044	0.132	0.739	0.96
Gender (cf. Male)	Female	<b>-0.221</b>	<b>0.054</b>	<b>0.000</b>	<b>0.80</b>	<b>-0.183</b>	<b>0.053</b>	<b>0.001</b>	<b>0.83</b>
Age (cf. 65+)	15–17	<b>0.832</b>	<b>0.194</b>	<b>0.000</b>	<b>2.30</b>	0.062	0.206	0.763	1.06
	18–24	0.154	0.131	0.240	1.17	-0.170	0.130	0.191	0.84
	25–34	-0.137	0.124	0.269	0.87	<b>-0.287</b>	<b>0.119</b>	<b>0.016</b>	<b>0.75</b>
	35–44	-0.100	0.126	0.427	0.90	-0.128	0.120	0.286	0.88
	45–54	0.112	0.121	0.355	1.12	-0.036	0.116	0.756	0.96
	55–64	0.214	0.124	0.084	1.24	0.170	0.118	0.150	1.19
Education (cf. Post-school)	<Year 12	<b>0.254</b>	<b>0.066</b>	<b>0.000</b>	<b>1.29</b>	<b>0.170</b>	<b>0.064</b>	<b>0.008</b>	<b>1.19</b>
	Year 12	<b>0.148</b>	<b>0.071</b>	<b>0.037</b>	<b>1.16</b>	-0.011	0.071	0.877	0.99
Family type (cf. Married, children)	Single, no children	<b>0.469</b>	<b>0.081</b>	<b>0.000</b>	<b>1.60</b>	0.008	0.078	0.918	1.01
	Cohabitee, no children	<b>0.340</b>	<b>0.111</b>	<b>0.002</b>	<b>1.40</b>	-0.037	0.109	0.734	0.96
	Married, no children	<b>0.216</b>	<b>0.093</b>	<b>0.020</b>	<b>1.24</b>	0.029	0.088	0.742	1.03
	Single, children	<b>0.410</b>	<b>0.104</b>	<b>0.000</b>	<b>1.51</b>	0.136	0.099	0.170	1.15
Main language/ Indigenous status <sup>a</sup> (cf. English)	Non-English interview	<b>1.346</b>	<b>0.384</b>	<b>0.000</b>	<b>3.84</b>	0.394	0.424	0.353	1.48
	Language not English/Indigenous	0.129	0.074	0.081	1.14	0.091	0.073	0.213	1.10
	Indigenous	0.206	0.134	0.124	1.23	<b>0.454</b>	<b>0.131</b>	<b>0.001</b>	<b>1.57</b>
Personal income <sup>b</sup> (cf. \$67 600+)	Government payments	<b>0.198</b>	<b>0.086</b>	<b>0.021</b>	<b>1.22</b>	1.030	0.083	0.673	1.04
	Other up to \$12 999 pa	0.167	0.115	0.146	1.18	0.940	0.113	0.496	0.93
	\$13 000 to \$31 199 pa	0.106	0.100	0.289	1.11	0.910	0.100	0.005	0.75
	\$31 200 to \$51 999 pa	<b>0.209</b>	<b>0.083</b>	<b>0.012</b>	<b>1.23</b>	1.050	0.080	0.783	1.02
	\$52 000 to \$67 599 pa	0.107	0.094	0.255	1.11	0.930	0.090	0.912	1.01
Remoteness (cf. Major city)	Inner regional	0.132	0.068	0.052	1.14	<b>0.223</b>	<b>0.066</b>	<b>0.001</b>	<b>1.25</b>
	Outer regional	<b>0.387</b>	<b>0.069</b>	<b>0.000</b>	<b>1.47</b>	<b>0.206</b>	<b>0.068</b>	<b>0.002</b>	<b>1.23</b>
	Remote	<b>0.345</b>	<b>0.130</b>	<b>0.008</b>	<b>1.41</b>	0.144	0.131	0.272	1.15
	Very remote	0.141	0.160	0.378	1.15	<b>-0.365</b>	<b>0.171</b>	<b>0.033</b>	<b>0.69</b>
Awareness (cf. Aware)	Not aware	<b>0.119</b>	<b>0.056</b>	<b>0.034</b>	<b>1.13</b>	-0.103	0.056	0.066	0.90
Problem impact <sup>c</sup>		<b>0.130</b>	<b>0.016</b>	<b>0.000</b>	1.14	<b>0.203</b>	<b>0.015</b>	<b>0.000</b>	<b>1.23</b>
Problem type (cf. Accidents)	Consumer	-0.055	0.139	0.692	0.95	-0.254	0.136	0.062	0.78
	Credit/debt	<b>0.414</b>	<b>0.171</b>	<b>0.015</b>	<b>1.51</b>	<b>0.324</b>	<b>0.165</b>	<b>0.050</b>	<b>1.38</b>
	Crime	<b>0.987</b>	<b>0.119</b>	<b>0.000</b>	<b>2.68</b>	<b>1.006</b>	<b>0.117</b>	<b>0.000</b>	<b>2.73</b>
	Employment	<b>1.300</b>	<b>0.138</b>	<b>0.000</b>	<b>3.67</b>	<b>0.831</b>	<b>0.139</b>	<b>0.000</b>	<b>2.30</b>
	Family	<b>1.046</b>	<b>0.144</b>	<b>0.000</b>	<b>2.85</b>	<b>1.131</b>	<b>0.138</b>	<b>0.000</b>	<b>3.10</b>
	Government	<b>0.695</b>	<b>0.140</b>	<b>0.000</b>	<b>2.00</b>	<b>0.597</b>	<b>0.136</b>	<b>0.000</b>	<b>1.82</b>
	Health	<b>2.028</b>	<b>0.167</b>	<b>0.000</b>	<b>7.60</b>	<b>1.364</b>	<b>0.170</b>	<b>0.000</b>	<b>3.91</b>
	Housing	0.178	0.136	0.191	1.19	<b>0.478</b>	<b>0.128</b>	<b>0.000</b>	<b>1.61</b>
	Money	0.284	0.155	0.067	1.33	<b>0.840</b>	<b>0.138</b>	<b>0.000</b>	<b>2.32</b>
	Personal injury	<b>2.448</b>	<b>0.136</b>	<b>0.000</b>	11.57	<b>1.366</b>	<b>0.140</b>	<b>0.000</b>	<b>3.92</b>
Rights	<b>1.676</b>	<b>0.147</b>	<b>0.000</b>	5.34	<b>1.102</b>	<b>0.149</b>	<b>0.000</b>	<b>3.01</b>	
Constant		-1.589	0.175	0.000	0.20	<b>-0.714</b>	<b>0.167</b>	<b>0.000</b>	<b>0.49</b>

<sup>a</sup> This variable combined information on main language spoken at home and self-identification of Indigenous status. Non-English interviews were conducted for people with poor English proficiency whose main language was one of the six most common non-Indigenous languages (i.e. Italian, Greek, Cantonese, Mandarin, Arabic or Vietnamese). The 'language not English/Indigenous' category denotes non-English, non-Indigenous main language. The 'Indigenous' category denotes either self-identification as Indigenous or Indigenous main language or both.

<sup>b</sup> This variable combined information on government payments and income. The 'government payments' category denotes means-tested government payments. The 'other up to \$12 999 pa' category refers to income derived from sources other than government payments.

<sup>c</sup> This variable was a continuous variable measuring the severity of the problem by combining its overall impact on everyday life and the number of adverse consequences it caused.

**Note:** N=8492 problems. Significant findings are presented in bold. A significant (i.e. bolded) odds ratio (OR)>1.0 indicates that the category in question had significantly higher odds of taking action than the comparison category. A significant OR<1.0 indicates that the category in question had significantly lower odds than the comparison category. The size of the OR indicates the strength of the relationship. E.g. OR=2.0 means that the odds for the category in question were twice those for the comparison category. For the continuous variable (i.e. problem impact), ORs represent changes in odds per unit of measurement.

Table A7: Regression results — mode of communication (cf. remote communication only) including illness/disability type variable with nine categories (and other variables as in Table 6)

Variable	Category	Face-to-face only				Face-to-face and remote			
		$\beta$	SE	p	Odds ratio	$\beta$	SE	p	Odds ratio
Illness/disability type (cf. None)	Mental only	<b>0.265</b>	<b>0.106</b>	<b>0.012</b>	<b>1.30</b>	0.196	0.106	0.064	1.22
	Sensory only	-0.221	0.396	0.577	0.80	0.241	0.359	0.502	1.27
	Intellectual/neurological only	0.136	0.232	0.558	1.15	-0.023	0.237	0.923	0.98
	Circulatory only	-0.354	0.273	0.195	0.70	-0.366	0.267	0.170	0.69
	Respiratory only	0.273	0.274	0.319	1.31	-0.152	0.299	0.611	0.86
	Mobility only	-0.051	0.105	0.627	0.95	-0.019	0.104	0.855	0.98
	Other only	-0.077	0.118	0.514	0.93	-0.109	0.116	0.347	0.90
	Multiple	0.081	0.102	0.427	1.08	0.157	0.099	0.113	1.17

Note: N=8493 problems. Significant findings are presented in bold. A significant (i.e. bolded) odds ratio (OR)>1.0 indicates that the category in question had significantly higher odds of taking action than the comparison category. A significant OR<1.0 indicates that the category in question had significantly lower odds than the comparison category. The size of the OR indicates the strength of the relationship. E.g. OR=2.0 means that the odds for the category in question were twice those for the comparison category.

Table A8: Regression results – mode of communication (cf. remote communication only) including illness/disability severity variable with four categories (and other variables as in Table 6)

Variable	Category	Face-to-face only				Face-to-face and remote			
		$\beta$	SE	p	Odds ratio	$\beta$	SE	p	Odds ratio
Illness/disability severity (cf. None)	Low	0.038	0.080	0.635	1.04	0.006	0.079	0.939	1.01
	Moderate	0.039	0.092	0.672	1.04	0.102	0.090	0.257	1.11
	High	0.079	0.104	0.447	1.08	0.038	0.103	0.712	1.04

Note: N=8480 problems. There were no significant differences on the illness/disability severity variable in this regression.

## Endnotes

<sup>i</sup> For convenience, the term 'illness/disability' is used throughout this paper to refer to long-term limiting illness or disability.

<sup>ii</sup> The term 'legal problem' is used throughout this paper for easy reference to a problem that is 'justiciable' in that it raises legal issues with the potential for legal resolution, regardless of whether the respondent recognised this or took any action involving the justice system (cf. Genn 1999).

<sup>iii</sup> It is also possible that people with an illness/disability have a greater propensity to seek support more generally.

<sup>iv</sup> System-level differences represent one of three components of Andersen and Newman's (1973) framework for viewing health service utilisation.

<sup>v</sup> Informal advice here is defined as informally consulting relatives or friends.

<sup>vi</sup> Formal advice is defined as advice from a professional or formal (legal or non-legal) adviser.

<sup>vii</sup> This is an extracted subset of formal advice.

<sup>viii</sup> Compared to other respondents, significantly higher proportions of respondents with an illness/disability were female ( $\chi^2=12.72$ ,  $F_{1,20715}=8.46$ ,  $p=0.004$ ); were older ( $\chi^2=914.85$ ,  $F_{6,124156}=101.30$ ,  $p=0.000$ ); were Indigenous ( $\chi^2=27.44$ ,  $F_{1,20715}=18.09$ ,  $p=0.000$ ); had not finished Year 12 education ( $\chi^2=247.08$ ,  $F_{2,41430}=82.40$ ,  $p=0.000$ ); were single parents ( $\chi^2=28.30$ ,  $F_{1,20715}=19.29$ ,  $p=0.000$ ); had lived in disadvantaged housing in the previous 12 months ( $\chi^2=373.83$ ,  $F_{1,20715}=252.80$ ,  $p=0.000$ ); and had received government payments as their main source of income in the previous 12 months ( $\chi^2=1700.94$ ,  $F_{1,20715}=1133.60$ ,  $p=0.000$ ). The relationships of illness/disability with main language and remoteness were also significant but not in the direction of greater disadvantage for people with an illness/disability: they were less likely to have a non-English main language and were more likely to live in regional rather than remote or major city areas. These analyses used an adjusted version of the standard chi-square test which applied a second-order Rao-Scott correction to accommodate weighting of the data (Rao & Scott 1984). See Coumarelos et al. (2013) for further details.

<sup>ix</sup> The classification of strategies in these analyses was virtually identical to that used by Coumarelos et al. 2012 (pp. 92–96). However, there were minor differences due, for example, to slightly different treatment of missing values and categorisation of the small percentage of cases involving only a court or tribunal hearing as 'took no action' in the present analyses rather than 'handled without advice'.

<sup>x</sup> Three multi-level binary logistic regressions were used to test the influence of illness/disability on whether or not respondents *took any action* to resolve legal problems. The three models were identical except that they used different illness/disability variables. The first variable comprised four types of illness/disability: mental only, physical only, both mental and physical, and no illness/disability (see Table 1). The second variable comprised nine more narrowly defined illness/disability types: mental only, sensory only, intellectual/neurological only, circulatory only, respiratory only, mobility only, other type only, multiple types, no illness/disability (as set out in Table 2). The third variable split the 'mental only', 'physical only' and 'both mental and physical' illness/disability types according to low, moderate or high severity – resulting in 10 categories (see Table 3). The models on taking action were multi-level models (with three levels) to account for the data structure whereby problems were nested within people, and people, in turn, were nested within states/territories.

Two multi-level multinomial logistic regressions were used to test the influence of illness/disability on *seeking formal advice* among those who took some action. These models examined whether people with an illness/disability were more likely than others to seek formal advice (from non-legal advisers and lawyers) rather than to handle problems without advice (i.e. seeking informal advice, use of self-help such as websites, communication with the other side or use of formal dispute resolution). These models were identical except that they used different illness/disability variables. The first variable was the four category variable

described above, comprising four illness/disability types – mental only, physical only, both mental and physical, and no illness/disability (see Table 4). The second variable had four categories based on severity of illness/disability – low, moderate and high – and also included no illness/disability (see Table 5). The models on seeking formal advice were multi-level models (with two levels) adjusting for problems being nested within people. (There were insufficient data to include state as a third level.)

<sup>xi</sup> The regression analyses using the more detailed breakdown of illness/disability supported this finding only for respiratory problems (see Table 2) and moderate physical disability (see Table 3). People with combined mental and physical illness/disability of low severity also had increased odds of taking action (see Table 3).

<sup>xii</sup> Owing to the relatively small number of respondents who sought formal advice, or advice from a lawyer, it was not possible to fit models on seeking formal advice using the nine and 10 category illness/disability variables presented in Tables 2 and 3 (for the models on taking any action).

<sup>xiii</sup> The main adviser was either the only adviser used for a problem, or, for problems involving the use of multiple advisers, the adviser judged by the respondent to be their most useful adviser.

<sup>xiv</sup> Three multi-level multinomial regression analyses were conducted, each comparing the use of only remote communication with the main adviser (i.e. only telephone, email or postal communication) to the use of only face-to-face communication and also to the use of both remote and face-to-face communication. These models were identical except for the illness/disability variables used. The first variable was the four-category variable based on type (see Table 6), the second variable was the nine-category variable based on type (see Table 7) and the third variable was the four-category variable based on severity (see Table 8). The models were multi-level models (with two levels) adjusting for problems being nested within people. (There were insufficient data to include state as a third level.)

<sup>xv</sup> More generally, there is movement, albeit slow, towards more integrated health and legal services that is seeing the promotion of forms of legal outreach into healthcare settings. (See, for example, Boyes & Zucca 2012; Noble 2012; Lawton, Sandel, Morton, Ta, Kenyon & Zuckerman 2011).

